**|** ħ.

Ì⇒

Any additional filing fees required under 37 C.F.R. 1.16.

Any patent application processing fees under 37 C.F.R. 1.17.

Case Docket No.\_

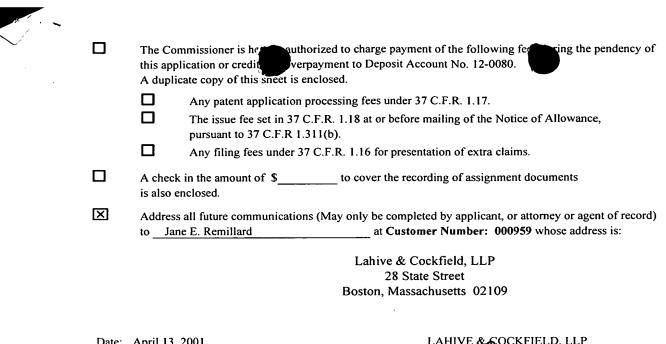
OSJ-002

COMMISSIONER FOR PATENTS

Box Patent Application

Washington, D.C. 20231

i			<u>.</u>					, ä	8	
	"Express Mail" Mailing Label Number EL 011359505 US								9	
	Date of Deposit April 13, 2001							=	;—	
		deposited with the 37 CFR 1.10 on the Application, Was Signature	nat this transmittal le e United States Posts he date indicate ab hination, DC 20231.  Ilidio P. Carde nt Name of Person S	tal Service "Expre	ss Mail Post Office	e to Addro ner for Pa				
Sir:	L			<u> </u>						
	tted herewith	n for filing is the	patent application	ı of						
Inventor		Margaret M. Leah								
For:	` ′	· ·	-	M CRANRERR	Y AND GRAPE	FRUIT	AND THERAPEU	ITIC USES		
101.	THEREFO		DERIVED I ROM	VI CIG II VBEIGC	This old in E					
Enclosed	l are:									
	This is a reserval no.	equest for filing a	continuation d on	divisional entitled	application unde	r 37 CF	R 1.53(b), of pend	ing prior appli	cation	
X	64	pages of specification, 3 pages of claims, 1 pages of abstract.								
$\boxtimes$										
X	An Unexecuted Declaration, Petition and Power of Attorney.									
	An assignment of the invention to A recordation form cover sheet (Form PTO 1595) is also enclosed.									
	Applicant claims small entity status. See 37 CFR 1.27.									
	Other							<del></del>		
The filin	g fee has be	en calculated as s	shown below:							
		(Col. 1)	(Col. 2)	SMAL	L ENTITY		OTHER THA			
FOR:		NO. FILED	NO. EXTRA	RATE	FEE	OR	RATE FEE			
BASIC I	FEE	///////////////////////////////////////	///////////////////////////////////////	/////////	<b>'</b> \$	<u>OR</u>	//////// \$	710		
TOTAL	CLAIMS	23 - 20	= 3	x 9=	\$	<u>OR</u>	x 18= \$	54		
INDEP.	CLAIMS	7 - 3	= 4	x 40	\$	<u>OR</u>		320		
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED				+135	\$	<u>OR</u>	+270 \$			
* If the difference in Col. 2 is less than zero, enter "0" in Col. 2.			TOTAL	0	<u>OR</u>	TOTAL \$10	84.00			
		rge my Deposit A e copy of this she	Account No. 12-00 eet is enclosed.	)80 in the amou	nt of \$.					
	A check in the amount of \$ to cover the filing fee is enclosed.									
	The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-0080.									
		e copy of this she		Deposit Accoun	III 140. 12-0000.					



Date: April 13, 2001

LAHIVE & GOCKFIELD, LLP

Attorneys at 1

Jane E. Remillard Reg. No 38,872 28 State Street Boston, MA 02109 (617) 227-7400

Telecopier (617) 742-4214